
Homemaker-Home Health Aide

Training Program and Instructor Personnel Record Form Information



NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY BOARD OF NURSING

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New Jersey Office of the Attorney General

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New Jersey Board of Nursing
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Homemaker-Home Health Aide Training Program Information

Overview

To protect the health and safety of the public, homemaker-home health aides are certified by the New Jersey Board of Nursing (hereinafter referred to as “the Board”) after successfully completing the required 76-hour training program, competency evaluation, and criminal history background check. The program curriculum, the training faculty and the training facility must be reviewed and approved by the Board. An applicant is eligible for certification when both the classroom and clinical aspects of the Homemaker-Home Health Aide Training Program have been satisfied. All required documentation for the homemaker-home health aide certification must be submitted by the training agency or school for approval by the Board.

The Homemaker-Home Health Aide Training Program is designed to meet the minimum state requirement. The certified homemaker-home health aide’s training will continue in the home care setting through regularly scheduled agency in-services, and supervision by a registered professional nurse.

In accordance with N.J.A.C.13:37-14.2, a “homemaker-home health aide” means a person who is employed by a home care services agency and who, under supervision of a registered professional nurse, follows a delegated nursing regimen or performs tasks which are delegated consistent with the provisions of N.J.A.C.13:37-6.2. A New Jersey registered professional nurse must supervise the certified homemaker-home health aide and the program of care delivered.

The Board has the following material available, for printing or downloading, via the following link:

www.NJConsumerAffairs.gov/hhh/hhh_licensee.htm .

Training Program Requirements

N.J.A.C. 13:37-14.4 Homemaker-Home Health Aide Training Program

1. A homemaker-home health aide training program may be conducted by a home care agency licensed by the Division of Consumer Affairs; a home health agency or hospital licensed by the Department of Health; an educational institution approved by the New Jersey State Department of Education or the Department of Higher Education; or a home care agency accredited by an independent national or state accrediting body which is without direct or indirect financial interest in the agency. Said accrediting body shall have prior approval of the Board of Nursing.
2. A homemaker-home health aide training program shall consist of at least 76 hours, to include 60 hours of classroom instruction and 16 hours of clinical instruction in a skills laboratory or patient care setting. The student-to-instructor ratio for classroom instruction shall not exceed 30 students to one classroom instructor.
3. The 16 hours of clinical instruction in a skills laboratory or patient care setting shall be supervised by a registered professional nurse. The supervision ratio shall not exceed 10 homemaker-home health aides to one registered professional nurse.
4. The curriculum for a homemaker-home health aide training program shall include the activities described in N.J.A.C. 13:37-14.3 and shall be consistent with the laws governing the practice of nursing and the delegation of selected tasks by the registered professional nurse.
5. Written approval of the Board of Nursing is required prior to commencement of the training program, which approval shall be granted for a 12-month period.
6. At the discretion of the Board, program approval may be contingent upon a visit to the program site by a representative of the Board.
7. The Board may deny or revoke program approval if the program sponsor does not meet the standards set forth in this subchapter.

Pursuant to N.J.S.A. 45:11-24.3 et seq., all initial applicants for homemaker-home health aide certification must submit to a **criminal history background check**. The Board of Nursing shall not issue a homemaker-home health aide certification to any applicant, except on a conditional basis, until the Board determines that no criminal history record information exists on file in the Federal Bureau of Investigation, Identification Division, or in the State Bureau of Identification in the Division of State Police, which would disqualify that person from being certified.

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www.NJConsumerAffairs.gov/hhh/index.htm

The applicant's Criminal History Background Check (C.H.B.C.) package will contain the following items: an Application for Certification, a Certification and Authorization form, an Instruction Booklet and a Child Support form. The instructions and application forms may be downloaded from the Board's web page at www.njconsumeraffairs.gov/hhh/index.htm.

The agency or school is responsible for instructing the applicant on the procedures for completing the Application for Certification and the Certification and Authorization form for the criminal history background check.

*** If the applicant has disclosed on the Certification and Authorization form that he or she has been convicted of a disqualifying offense, the applicant must submit evidence of rehabilitation along with the application. Failure to provide evidence of rehabilitation will result in automatic disqualification. Program coordinators should not submit an application if the applicant has been convicted of a disqualifying offense and has not attached evidence of rehabilitation.**

Applicants must answer truthfully and completely all of the questions on the Application for Certification as a Homemaker-Home Health Aide and the Certification and Authorization form.

The Board's Criminal History Background Check will be completed within 120 days after the Board has approved the submitted application package.

Training Program "Approval" Requirements

1. The materials for training program approval must be submitted to the Board eight weeks prior to the date the program starts. **The following materials are required:**
 - a. The *annual program approval fee* – this fee [\$250.00] is for **each location** where an agency or school is offering the training program. Please submit a company check, or a money order, made payable to the New Jersey Board of Nursing.
 - b. The completed *Homemaker-Home Health Aide Training Program Application*.
 1. Please include the beginning and completion dates of all courses scheduled.
 2. Please fill in the program coordinator's name (a minimum of a bachelor's degree in nursing (B.S.N.) is required).
 3. Please fill in the agency or school's Health Care Service Firm Registration (H.P.) number, facility number or district code number, as applicable.
 - c. The completed *Application for the Homemaker-Home Health Aide Training Faculty*. Please include the credentials of the multidisciplinary instructors, if applicable (example: P.T., S.T., O.T.).
 - d. The completed *Instructor Personnel Record*. All instructors must have an Instructor Personnel Record on file with the Board. Please complete all of the sections and submit the document with a current resume.

Training Program General Requirements

The training program outlines, which are to be followed for the training program, are included in this packet (pages 8 and 9) as is the Homemaker-Home Health Aide Training Faculty form. The Training Faculty form identifies the appropriate instructor(s) for each section of the program (page 15).

Please notify the Board, in writing, prior to the date the program starts, if there are any changes in the information previously submitted including the program dates, program locations or program instructors. The Board must also be notified of any program cancellations.

Training Program “Completion/Submission” Requirements

1. After completion of the 76-hour Homemaker-Home Health Aide Training Program and competency evaluation, the agency or school must submit the following to the Board for each applicant:
 - a. The completed Application for Certification;
 - b. The completed Certification and Authorization form;
 - c. Completed Child Support forms;
 - d. A money order, certified check or company check for each individual applicant, made payable to the “Board of Nursing” for the application and certification fees. (Note: The certification fee is prorated during the second year of the certification cycle); and
 - e. The completed “Eligibility List” (included in this packet) with each applicant’s name and address typed. The applications submitted must match the names on the submitted Eligibility List.

Note: The application fee is nonrefundable.

2. The submitting agency or school will be notified of the approval or disapproval of the homemaker-home health aide, via a faxed copy of the Eligibility List.
 - a. The approval or disapproval column on the Eligibility List (for Board use only) will indicate the status of each individual applicant. Please refer to the second page of the Eligibility List for the approval/disapproval key.
 - b. The Eligibility List will indicate the 120-day time frame for conducting the criminal history background check for all applicants who are conditionally approved.
 - c. A copy of the Eligibility List must be retained by the agency or school, and will serve as proof of authorization for the certified homemaker-home health aide to be employed conditionally until the criminal history background check has been completed and the applicant is cleared to receive her or his certificate. The Criminal History Review Unit will notify the Board, the submitting agency or school and the applicant, in writing, of any changes in the applicant’s status during the 120-day period.
 - d. Please refer to the Homemaker-Home Health Aide: Applicant Instructions for Completing Criminal History Review: Agency/School Information Booklet for further details if an applicant has a positive fingerprint check.

The homemaker-home health aide may be assigned to patient care after the submitting agency or school has been notified of the conditionally certified homemaker-home health aide’s “approval.” An aide listed as “disapproved” may not be assigned to patient care until notified by the Board that the application has been approved.

Program Sponsor Responsibilities

- (a) The program sponsor shall provide an appropriately equipped classroom and skills laboratory with sufficient equipment and resources to provide for efficient and effective theoretical and clinical learning experiences.
- (b) The program sponsor shall submit the following to the Board of Nursing at least two months prior to the commencement of the training program:
 - 1. A Board of Nursing application for program approval. The application form requests the name and address of the agency or school, the date and location of course offerings, the tentative number of trainees and the name and address of the program coordinator. Two supplemental forms which must accompany the application are a faculty approval application which requests the name of the instructor assigned to each session and an instructor personnel record which requests brief biographical and educational information for each instructor;
 - 2. The annual program approval fee for each location at which the program will be offered: \$250.00; and
 - 3. The resume(s) of the nursing instructor(s). The resume shall include the instructor's name, address, education (the institution, the type of degree or diploma, the month and year of graduation), work experience (the employer's name and address, the dates of employment, including the month and year, the job title, and whether the employment was full-time or part-time), and the New Jersey license or certification number, as appropriate.
- (c) The program sponsor shall not, without prior notice to and approval by the Board, make additions to or deletions from a training program which has been approved by the Board of Nursing.
- (d) The program sponsor shall notify the Board of Nursing, at least two weeks prior to each program session, of the location and the beginning and ending dates of the program session.
- (e) Except in an emergency situation, the program sponsor shall notify the Board of Nursing in writing of any program session cancellation or change, such as a change in location, nursing instructor or dates, at least one week prior to any such cancellation or change. No cancellation or change shall be implemented without the written approval of the Board.
- (f) The program sponsor's responsibilities shall include, but not be limited to, the following:
 - 1. Establishing and implementing policies and procedures for the coordination of instruction, including designating a responsible program manager;
 - 2. Maintaining on file a copy of the lesson plan for the curriculum;
 - 3. Establishing methods or provisions to ensure that an absent student receives the required classroom and/or clinical instruction missed;
 - 4. Establishing and maintaining records for each student. The student record shall include, at a minimum, the following:
 - i. The beginning and ending dates of the program session;
 - ii. An attendance record, including the dates of any makeup sessions; and
 - iii. Evaluation of the student's performance by the classroom instructor and by the registered professional nurse who supervised the student's clinical instruction; and
 - 5. Developing, implementing and maintaining on file a plan for evaluating the effectiveness of the program. The evaluation plan shall include, at a minimum, the following:

- i. The name of the person responsible for implementing the evaluation plan;
- ii. An annual written training program evaluation report, including findings, conclusions and recommendations;
- iii. A written evaluation of instructor(s) performance; and
- iv. Program, faculty and student data, which shall include, at a minimum, the following:
 - (1) The beginning and ending dates of each program session;
 - (2) The number of students enrolled;
 - (3) The number and percentage of students who satisfactorily completed the program;
 - (4) The number and percentage of students who failed the program; and
 - (5) The number and percentage of students in each program who passed the New Jersey Homemaker-Home Health Aide Certification Examination.
- (g) The program sponsor shall not use the homemaker-home health aide training program as a substitute for staff orientation or staff continuing education programs.

Program Coordinator and Instructor Responsibilities

1. It is the responsibility of the Program Coordinator to assist the homemaker-home health aide applicant in completing both the Application for Certification and the Certification and Authorization form. Please ensure that both forms are **legible** and **completely filled-in**. Review the forms for the following:
 - a. Both forms must be notarized;
 - b. Both forms need to be signed by the applicant;
 - c. The applicant must fill in the required Social Security number in order for the criminal history background check to be done;
 - d. A signed passport photo, 2" x 2" in size, of the applicant's head and shoulders, taken no more than six months prior to submission to the Board, must be affixed to the Application for Certification;
 - e. All questions on both forms must be completed; and
 - f. The Child Support form must be completed.

If the applicant has disclosed a conviction for a disqualifying crime (refer to the crimes listed in the Homemaker-Home Health Aide: Applicant Instructions for Completing Criminal History Review: Agency/School Information Booklet), the applicant **must provide evidence of rehabilitation at the time the application is submitted**.

If the applicant does not provide evidence of rehabilitation at the time the application is submitted, the applicant will be automatically disqualified.

2. The agency or school must provide on both the Application for Certification and the Certification and Authorization form the following licensing number, if applicable:
 - a. H.P. number;
 - b. Facility number; or
 - c. School district number.
3. The certified homemaker-home health aide certificates will be mailed directly to the address on the applicant's application. Please remind the homemaker-home health aide to contact the Board with any name or address changes. **Be advised that official documents (for example: certificates and**

renewal forms) mailed by the Board to an inaccurate address will not be forwarded by the Postal Service.

4. Incomplete applications will be returned, by mail, to the submitting agency or school.
5. The applicant is required to undergo electronic fingerprinting. The Board of Nursing or the Homemaker-Home Health Aide Unit will contact the applicant by mail with instructions about how to complete this process.
6. The confidentiality of an applicant's application and supporting documentation, including the rehabilitation documentation and court documents, must be maintained.

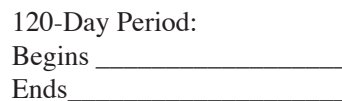
Recommended Content/Hour Allocation Outlines

I. Unlicensed Assistive Personnel (U.A.P.) Curriculum Content Outline		Hours
Section I	Introduction to the role of the U.A.P. in nursing care settings	2.00
Section II	Foundations for working with people	6.00
Section III	Safety	
	A Conditions	1.50
	B Fire	2.00
	C Standard Precautions for Infection Control	2.00
	D Body Mechanics	0.50
	E Emergencies	1.50
Section IV	Systems and Related Care	
	A Musculoskeletal	6.00
	B Integumentary System	9.75
	C Gastrointestinal System: Upper	4.00
	D Gastrointestinal System: Lower	2.00
	E Urinary System	3.00
	F Cardiovascular and Respiratory System	4.00
	G Neurological System	0.75
	H Endocrine System	1.00
	I Reproductive System	1.00
	J Immune System	1.00
	K Rest and Sleep	0.50
	L Death and Dying	1.50
Classroom Hours		50.00
Clinical/Laboratory Hours		16.00
Curriculum Total		66.00
Training of U.A.P. transferring from another setting, i.e. Nurse Assistant (N.A.) or Homemaker-Home Health Aide (H.H.H.A.)		
Step 1	Establish competency of knowledge and skills by facility.	
Step 2	Optional: knowledge and skills competency remediation plan.	
Step 3	Module (Institutional, L.T.C. or Home Care)	
Step 4	Competency testing and application to state registry (as applicable: N.A. or H.H.H.A.)	

Recommended Content/Hour Allocation Outlines

II. Home Care/Hospice Recommended Hour Allocation Outline		Hours
U.A.P. Curriculum classroom hours		50.00
U.A.P. Curriculum clinical/laboratory hours		16.00
U.A.P. Curriculum Total Course Hours		66.00
Home Care module hours		10.00
Total Course Hours		76.00
Training of U.A.P. transferring from another setting with Home Care Module		
Step 1	Establish competency of knowledge and skills by facility	
Step 2	Optional: Knowledge and skills competency remediation plan	
Step 3	Home Care module	
Step 4	Agency competency testing, H.H.H.A. application and C.H.B.C.	

III. Long -Term Care (L.T.C.) Recommended Hour Allocation Outline		Hours
U.A.P. Curriculum classroom hours		50.00
U.A.P. Curriculum clinical/laboratory hours		16.00
U.A.P. Curriculum Total Course Hours		66.00
Long-Term Care module hours		6.00
Long-Term Care clinical hours		18.00
Long -Term Care Total Module Hours		24.00
Total Course Hours		90.00
Training of U.A.P. transferring from another setting as N.A. with L.T.C. Module		
Step 1	Establish competency of knowledge and skills by facility	
Step 2	Optional: Knowledge and skills competency remediation plan	
Step 3	Home Care module	
Step 4	Agency competency testing, H.H.H.A. application and C.H.B.C.	



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HOMEMAKER-HOME HEALTH AIDE TRAINING PROGRAM CONDITIONAL CERTIFICATION ELIGIBILITY LIST

Instructor's name _____ Program date from _____ to _____

All names and addresses must be typed. Do not complete the sections marked “approved” or “disapproved.” The New Jersey Board of Nursing will determine eligibility.

[illegible]

**New Jersey Board of Nursing
Homemaker-Home Health Aide Training Program
Instructor Personnel Record**

Name _____ Social Security number _____

Home address _____
Home Telephone Number (include area code) _____

Agency/School name and address _____

Agency/School Telephone Number (include area code) _____

Check each session for which you are applying for approval to teach:

- | | |
|---|---|
| <input type="checkbox"/> I. Introduction to the role of the U.A.P. in nursing care settings | <input type="checkbox"/> f. Cardiovascular and respiratory system |
| <input type="checkbox"/> II. Foundations for working with people | <input type="checkbox"/> g. Neurological system |
| <input type="checkbox"/> III. Safety | <input type="checkbox"/> h. Endocrine system |
| <input type="checkbox"/> a. Conditions | <input type="checkbox"/> i. Reproductive system |
| <input type="checkbox"/> b. Fire | <input type="checkbox"/> j. Immune system |
| <input type="checkbox"/> c. Standard precautions for infection control | <input type="checkbox"/> k. Rest and sleep |
| <input type="checkbox"/> d. Preventing the spread of disease | <input type="checkbox"/> l. Death and dying |
| <input type="checkbox"/> e. Body mechanics | <input type="checkbox"/> V. Homecare/Hospice module |
| <input type="checkbox"/> f. Emergencies | |
| <input type="checkbox"/> IV. Systems and related care | |
| <input type="checkbox"/> a. Musculoskeletal | |
| <input type="checkbox"/> b. Integumentary | |
| <input type="checkbox"/> c. Gastrointestinal system: upper | |
| <input type="checkbox"/> d. Gastrointestinal system: lower | |
| <input type="checkbox"/> e. Urinary system | |

Education (Please attach resume)

Name of college or professional school	Type of degree and major	Year graduated

Professional Licenses and/or Certificates Related to the Session(s) for which you are applying.

Type	State of authority	License or Certificate number	Expiration date

Work Experience: (Please attach resume)

Name of employer	Title of position	Number of hours worked per week	Dates employed (month/year) From: _____ To: _____

Signature: _____ Date: _____
Social Worker, Physical Therapist (etc.)

Registered Nurses Applying to Instruct Certified Homemaker-Home Health Aide Program

The following qualifications are required to be an instructor for the Homemaker-Home Health Aide Training Program:

- (1) You must be a registered nurse currently licensed in the State of New Jersey.
- (2) You must have been a registered nurse for at least two years preceding application.
- (3) You must have at least one year of community health, public health or home care experience.
- (4) You must have at least six months' experience supervising homemaker-home health aides.

Please sign to certify that you meet these requirements:

Signature Date

New Jersey Board of Nursing Homemaker-Home Health Aide Training Program Application

Name of Agency or School: _____

Business Address: _____
Street address
City
State
ZIP code

Telephone number: _____ Fax number: _____
(include area code)
(include area code)

Name of Program Coordinator: _____

Training program address: _____
Street address
City

State
ZIP code
Telephone number (include area code)

Tentative dates of courses	Minimum number of course hours = 76 (60 hours/classroom-16 hours/clinical)	Number of students per classroom (ratio = 1 instructor : 30 students) Number of students per clinical setting (ratio = 1 instructor : 10 students)

H.P. number: _____ Facility number: _____ District code: _____

Program Coordinator's Signature
Date

For State Use Only

Approved by
Date

New Jersey Board of Nursing

Application for Homemaker-Home Health Aide

Training Faculty

Name of Agency or School/City:		Date of Course Beginning: _____ Ending: _____		
Section	U.A.P. Curriculum Content Outline	Name of instructor and credentials	Recommended Hours	Additional Hours
I.	Introduction to the role of the U.A.P. in nursing care settings		2.00	
II.	Foundations for working with people		6.00	
III.	Safety			
	A. Conditions		1.50	
	B. Fire		2.00	
	C. Standard Precautions for Infection Control		2.00	
	D. Body Mechanics		0.50	
	E. Emergencies		1.50	
IV.	Systems and Related Care			
	A. Musculoskeletal		6.00	
	B. Integumentary System		9.75	
	C. Gastrointestinal System: Upper		4.00	
	D. Gastrointestinal System: Lower		2.00	
	E. Urinary System		3.00	
	F. Cardiovascular and Respiratory System		4.00	
	G. Neurological System		0.75	
	H. Endocrine System		1.00	
	I. Reproductive System		1.00	
	J. Immune System		1.00	
	K. Rest and Sleep		0.50	
	L. Death and Dying		1.50	
V.	Home Care Module Hours		10.00	
VI.	Clinical/Laboratory Hours		16.00	
Classroom Hours			60.00	
Curriculum Total			76.00	
Submitted by: _____				

For State Use Only:	
License number: _____	Approved By: _____ Date: _____